

and PLM in amputated persons.

<http://dx.doi.org/10.1016/j.rehab.2014.03.456>

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The vertipro: Modular shell for standing teenager

F. Metté

Centre Hospitalier de Mayotte, Mamoudzou, Mayotte



Keywords: Orthosis; Verticalisation; Teenager

Background.— The verticalisation of children with multiple disabilities is a recognized need, we use molded for smaller hulls and prefabricated devices Stand-Up type for older teenagers at the end of growth. During the rapid growth phase of puberty hulls are poorly accepted, bulky and quickly too small and Stand-Up too. So, we devised a modular device adjustable vertical integration to accompany the teenager during this period.

Results.— Molded valves ensure the maintenance of the lower limbs, pelvis and trunk, they can be changed if growth imposes A metal frame on wheels can make the necessary adjustments to the initial adaptation and evolution stature and orthopedic child. Twenty-three aircraft of this type were made at the meeting. The device demonstrated its effectiveness with families and institutions by their tolerance and acceptance. It remains reserved for children whose head is held good. We present this unit picture on a poster.

Conclusion.— We were able to continue the vertical integration of these adolescents with multiple disabilities in good conditions.

<http://dx.doi.org/10.1016/j.rehab.2014.03.457>

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Reflections about the boot assessment of the child

C. Themar-Nöel

Service de Rééducation Fonctionnelle et de Chirurgie Pédiatrique, Hôpital Robert-Debré, Paris, France



Keyword: Child evaluation shoe

It is difficult to assess the shoe and its impact on the child's foot. This evaluation can be done on the shoe itself: its configuration, its materials, its wear but must still report it to the use that is made of the shoe, each child's own behavior and there great variability depending on the child. Before assessing the impact of footwear on the infant foot, he must first understand the evolution of the foot, its growth and genetic programming. We all know that in most cases the nature is responsible for a favorable development and other progressive deformities of the feet will emerge and continue their development regardless of the boot. We will develop the tools to answer this question.

<http://dx.doi.org/10.1016/j.rehab.2014.03.458>

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Type-B-IIIa hip rotationplasty: A rehabilitation challenge

S. Serrano*, P. Lemos

Serviço de Medicina Física e de Reabilitação, Centro Hospitalar e Universitário de Coimbra, Coimbra

*Corresponding author.



Keywords: Type-B-IIIa rotationplasty; Hip rotationplasty; Van Nes rotationplasty

Background.— Type-B-IIIa hip rotationplasty (HR) is performed in children with tumors that require complete femur resection and consists in the placing of the rotated (180°) lateral tibial condyle into the acetabulum after disarticulation of the knee.

Observations.— A 9-year-old boy, with a 20 cm non-functional dismetry after reconstruction surgeries because of metastatic Ewing sarcoma of the left proximal femur. Before submitted to a type-B-IIIa HR, he started a pre-surgery

RP was introduced. Approximately 1.5 months after surgery cast was removed and passive articular movements of the new hip joint were introduced. Inpatient prosthetic RP was bi-diary, consisting of physical therapy and hydrotherapy during 2 months and continued outpatient at daily-basis. Pre-prosthetic and post-prosthetic RP resulted in ROM and muscle strength gains. Functionally he produces a good gait pattern and climb stairs without orthotics, with gains in autonomy and social integration.

Discussion.— After a limb salvage procedures, it is of utmost importance the presence of a multidisciplinary team to the best management of such “dramatic” approach. Assuming the conversion of lateral aspect the proximal part of the tibia into a new femoral head, it is required a long-term follow-up and outpatient RP.

<http://dx.doi.org/10.1016/j.rehab.2014.03.459>

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Support of an amputee in hospital at home rehabilitation (HAH-R). About a case and review of literature

H. Moussa^{a,*}, H. Bouzaouache^b, A. Guillot^a,
A. Cammarata^a, E. Lemonier^a

^a Centre de Réadaptation de Coubert, Coubert, France

^b Clinique de MPR, Institut de rééducation, Hôpital Sud, CHU de Grenoble, Grenoble, France

*Corresponding author.



Keywords: Amputee; Rehabilitation; Hospital at home; Limb equipment

Background.— Hospital at home rehabilitation (HAH-R) reduces the conventional hospital rehabilitation time offering at home similar conditions of quality and safety of care. Is it an appropriate way to the rehabilitation of amputees?

Observation.— Mr. W. 81-years-old with major cardiovascular history, having undergone a transtibial amputation after acute ischemia of the left lower limb. He was admitted in HAH-R 5 months after his amputation (stump completely healed). Support included daily physiotherapy-ergotherapy and education for wearing prosthesis and sleeve. The setting of the provisional prosthesis was made upon entry into HAH-R. The patient became independent for the use of the prosthesis and walking. No local or systemic complications were noted after definitive prosthesis.

Conclusion.— Few studies evaluate the HAH-R for the amputee. It is after the cicatrization phase that it seems most appropriate. It keeps track of errors (boot, compensations. . .) and changes in volume of the stump, which is frequent after returning home. More studies are required to better assess this type of support.

<http://dx.doi.org/10.1016/j.rehab.2014.03.460>

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Relationship between clinical measures and podobarometrics in evaluation of pediatric flat foot

R. Ballester Pérez, M.A. Atín Arratibel, P. Martín Casas,
S. Muñoz Lasa, R. Valero Alcaide

Universidad Complutense de Madrid, Madrid, Spain



Keywords: Pediatric flat foot; Podobarometrics

Background.— The pediatric flat foot is a frequent presentation in clinical practice. Definition of what exactly constitutes a flat foot remains debatable, though is widely accepted that a low medial arch and a valgus heel position are consistent attributes, they are not definitive or absolute parameters to evaluate and conclusively managed it. The podobarometrics, can be very useful as complement to other techniques of diagnostic and exploration at the time of carrying out an accurate diagnosis in pathology of the foot in paediatrics flat foot. Evaluate the efficacy of podobarometrics in evaluation of pediatric flat foot.

Methods.— One hundred and twenty preschool children, range 3–6 years participated, 60 with flexible flat foot and 60 controls. Clinical measures of static foot posture were obtained during standing. Peak plantar pressures under hallux, forefoot, midfoot and rearfoot were obtained during standing and walking.

Results.– Static foot posture was related to peak plantar pressures during standing and walking in booth groups.

Conclusion.– Results are yet to be evaluated before obtaining definitive conclusions.

Further reading

Jonely H, Brismée JM, Sizer PS, James C. Relationships between clinical measures of static foot posture and plantar pressure during static standing and walking. *Clin Biomech* 2011;26:873–879.

<http://dx.doi.org/10.1016/j.rehab.2014.03.461>

P479-e

Psychological impact of a multidisciplinary support (psycho/APA) at the amputee patients

C. Bruna, P. Ramon*

CSSR Ugecampacac, Marseille, France

*Corresponding author.



Objective.– Initiate an enhanced image, self-esteem and quality of life of the amputee patient. Introduce and explain the interest of simultaneous support in pairs “psycho/APA”, under a program of care and specific workshops in conjunction with therapeutic patient education.

Method.– Establishment of an ecological workshop including: individual interviews and three activities: horse therapy, diving and relaxation, organized around a program taking place over 4 months. Five workshops by activity. Inclusion: ten patients. Evaluations: initial and final from 3 validated scales.

Discussion.– Amputation traumatic or vascular causes impairment of the body schema and self image with all the bio-psycho-social implications that this entails. “Acceptance” of disability by the patient is crucial to the quality of his future life and the different supported, including psychological, physiotherapy, occupational therapy, physical activities adapted, with good equipment course, participate in reconstruction slow physical and mental of the patient. It seems only natural to involve them in a complementary and interdisciplinary approach.

<http://dx.doi.org/10.1016/j.rehab.2014.03.462>